1	PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10645/63 10645/63 10645/63												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								AALL EN		OR .	OTHER I		
TOTAL CLAIMS			. 1:0					RATE	FEE		RATE	FEE	
FOR			NUMBER FOLED		HAMBER EXTRA		B	ASIC FEE	375.00	RO	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			/0 · minus 20=		. 0			X\$ 9=		QЯ	X\$18=		
INDEPENDENT CLAIMS			2 * minus 3 +		· a		T	X42-		OR	X84=		
MUL.	TIPLE DEPEND	ENT OLAIM PE	RESENT	•				+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "O" in column 2 .							L	TOTAL		OA	TOTAL	750	
CLAIMS AS AMENDED - PART II OTHE											OTHER'SMALLE		
T i	9100	CLAMS REMADING AFTER		NUM PREVI	MIN 2) HESY HBER OUSLY FOR	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENTA	Total	AMENDMENT	Minus	-	20	•		X\$ 9=		OR	X\$18=		
F 1	Independent	. 2	Minus	otto	3	•		X42-		OR	X84=		
<u>U</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				TCLAIM		וו	+140=		OR	+280=		
	- · · · · · · · · · · · · · · · · · · ·							TOTAL		OR	YOTAL ADDIT, FEE		
ADDIT FEE											ADDII. PEEL		
0	1020	(Column 1) CLAIMS .REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total .	• 15	Minus	23	70	• '] [X3 9=		OR	X\$18=		
AMENDHENT	Independent	. 2	Minus	***	.3]	X42=		OR	X84=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا د	+140=		OR	+280=		
							į.	YOTAL VOOIT, FEE		OR	TOTAL ADDIT, FEE		
	•	(Cohima 1)		(Cot	บกษา 2)	(Column 3		WOII. PEE			_		
MC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HEG NU PREV	HEST MBER MOUSLY ID FOR .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	•	· Minus][X3 9=		OR	X\$18=	:	
	independent	٠	Minus			·	41	X42=		1 _{oa}	XB4:		
Ĭ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1	+280=	•	
107AL													
-	* If the eatry in column 1 is less than the entry in column 2, what the column 3, what it is column 3. TOTAL ** If the Piliphost Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** If the Piliphost Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The Piliphost Number Previously Paid For" (Total or independent) is the highest number tound in the appropriate box in column 1.												